Substitute for form 1449A/PTO			Complete if Known		
INFORMATION DISCLOSURE				Application Number	10/521,687
INFORMATION DISCLOSURE			SURE	Filing Date	October 20, 2005
STATEMENT BY APPLICANT				First Named Inventor	Asher Bartov
(use as many sheets as necessary)			arvi	Art Unit	3644
	,,	1		Examiner Name	Xavier, Valentina
Sheet	1	of	1	Attorney Docket Number	8327P001XC

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Examiner Initials*	Cite No. ^t	Document Number Number - Kind Code ² (if known)	Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Refevant Passages or Refevant Figures Appear	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite	Foreign Patent Document			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T°
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